

2001 UNIFORM BUSINESS REPORT (UBR)

0001070 AF

DOCUMENT # **A23607**

1. Entity Name

MEADOWGREEN FARMS LIMITED PARTNERSHIP

Principal Place of Business

**14016 ML-KING HWY.
ALACHUA FL 32615**

Mailing Address

**PO BOX 1857
ALACHUA FL 32616-1857**

FILED
01 FEB 23 AM 10:30
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14016 NW US HWY 441

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2737889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, J. ARDENE

1305 HILLSIDE CTR. E HWY 441, STE. 1907

P.O. BOX 1857

ALACHUA FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)

14016 NW US HWY 441

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$8,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J39700**
NAME **MEADOWGREEN FARMS, INC.**
STREET ADDRESS **14016 ML-KING HWY.**
CITY-ST-ZIP **ALACHUA FL 32615**

STREET ADDRESS **14016 NW US HWY 441**

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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*****144.75 ***144.75**

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Ardene Wiggins

904-462-1476

2/23/01

Date

Daytime Phone #

CR2E003 (11/00)